

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

28848

**1. PLACE OF DEATH**

County Mifflin

Registration District No. 562

Township Richwoods

Primary Registration District No. 5757

City Dixon, Mo. (No. R70)

St. \_\_\_\_\_

Ward) \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_

(Usual place of abode)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

Ward. \_\_\_\_\_

(If nonresident, give city or town and State)

Jacob Williams  
Dixon Mo.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF \_\_\_\_\_  
WIFE OF Widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 1869

7. AGE YEARS 62 MONTHS 6 DAYS - IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister of Gospel  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Formerly Wagon  
10. Date deceased last worked this occupation (month and year) on cattle 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marie Co., Missouri

FATHER 13. NAME Lewis Williams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Co., Missouri

MOTHER 15. MAIDEN NAME Susans Wells

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Berry Williams Dixon, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Phoenicia, Mo. DATE 8/27 '31

19. UNDERTAKER (ADDRESS) B. C. Gable, Dixon, Mo.

20. FILED Sept 9, 1931 W. A. van Krenf Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 24, 1930

22. I HEREBY CERTIFY, That I attended deceased from Aug. 24, 1930, to \_\_\_\_\_, 19\_\_\_\_  
I last saw him alive on Aug 28, 1931. Death is said to have occurred on the date stated above, at 1:30 p.m.  
The principal cause of death and related causes of importance were as follows:

Angina Pectoris  
94A 94W  
Other contributory causes of importance: \_\_\_\_\_  
Date of onset \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) W. A. van Krenf, M. D.  
(Address) Iberia Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 24 1931

